



# INITIAL ASSESSMENT OF EMPLOYABILITY

State Form 44713 (R3 / 7-97) / IMP 2074

\* The request for your Social Security number is MANDATORY and this assessment cannot be completed without it; according to SSA Sec. 4 (a) (2), FS Act of 1977 Sec. 16-E (a) (2).

The information contained on this form shall be CONFIDENTIAL according to 470 IAC 1-2-7, 470 IAC 1-3-1 and 470 IAC 6-1-1.

Check one of the below: <input type="checkbox"/> TANF-IMPACT <input type="checkbox"/> FS-IMPACT <input type="checkbox"/> TANF CONTROL <input type="checkbox"/> TANF TREATMENT	Check one of the below: <input type="checkbox"/> TANF CONTROL <input type="checkbox"/> TANF TREATMENT	Referred to:	Date (month, day, year)
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1. Name of participant		County
*Social Security number	Birthdate (month, day, year)	Telephone number (    )
Address (number and street, city, state, ZIP code)		
Case number	Case head	

2. Do you: <input type="checkbox"/> Ride a bus? <input type="checkbox"/> Walk? <input type="checkbox"/> Drive? <input type="checkbox"/> Own a car? <input type="checkbox"/> Have a driver's license?	Other income:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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3. Household Members:				
Name	Relationship to you	Birth Date	Current School or Employment	Does this person have any problems that will affect your work or school? If so, what are they?

4. (A) Employment History:	
Name of present or last employer	Salary
Address (number and street, city, state, ZIP code)	
Date started (month, day, year)	Title / Duties
Date ended (month, day, year)	Reason for leaving
Name of previous employer	Salary
Address (number and street, city, state, ZIP code)	
Date started (month, day, year)	Title / Duties
Date ended (month, day, year)	Reason for leaving

(B) Any additional employment information?

(C) Other work skills not listed above?

5. Education:		
Circle the highest grade of school completed: 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16+	Date completed	Do you have: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> College Degree
If college, degree or area of study	Vocational Training (list type of training)	
School:		
6. Do you need training to get a job?		
7. What do you see yourself doing in 5 years?		
8. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. A. Will you need help with child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Will you need transportation costs? <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Do you have other problems that would keep you from getting a job?		
D. Barriers identified to employment (these can be noted at any time). Attach additional page(s) as needed.		
Name of contact person		
Address (number and street, city, state, ZIP code)		
Telephone number (       )		
<b>RELEASE</b>		
I, the undersigned, agree to release information contained in this document, to any agency, school, or other organization, which the DFC shall deem appropriate for the development and implementation of my Initial Assessment of Employability. This release is valid for six months from the date below.		
Signature of participant		Date (month, day, year)
Name of participant		* Social Security number
Signature		Title
Name of agency		Date (month, day, year)